POC #2

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 03/22/2013
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	446366	A. BUILDING _____ B. WING _____	03/20/2013

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PRINCETON TRANS CARE AT NORTH	2511 WESLEY STREET JOHNSON CITY, TN 37601

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 155 SS=D	483.10(b)(4) RIGHT TO REFUSE; FORMULATE ADVANCE DIRECTIVES The resident has the right to refuse treatment, to refuse to participate in experimental research, and to formulate an advance directive as specified in paragraph (8) of this section. This REQUIREMENT is not met as evidenced by: Based on medical record review and interview the facility failed to complete a Physician Orders for Scope of Treatment (POST) for three residents (#3, #6, #7) of eleven residents reviewed. The findings included: Resident # 3 was admitted on March 7, 2013, with diagnoses including Persistent Psychosis, Anoxic Brain Injury, and Convulsions. Review of the Physician's Orders dated March 7, 2013, revealed, "Full Code (Resuscitate)." Review of the medical record revealed the POST Form had not been completed. Interview with Registered Nurse (RN #1) on March 18, 2013, at 3:30 p.m., at the nursing station, confirmed the POST had not been completed. Resident # 7 was admitted on March 14, 2013, with diagnoses including Diabetes, Hypertension, Atrial Fibrillation, and Osteoarthritis.	F 155	**F155- POST Form** Immediate actions taken to place POST forms on 100% charts at time of finding Will ensure presence of POST form on chart on admission by social worker by reviewing chart on admission Social worker will monitor ongoing compliance of process for 6 weeks on 100% of charts- compliance will be reported in quarterly QAPI meeting	5/2/2013

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
(Brian Luff)	Interim NHA	4/5/2013

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F 155	Continued From page 1 Review of the Physician's Orders dated March 14, 2013, revealed, "Full Code (Resuscitate)." Review of the medical record revealed the POST had not been completed. Interview with RN #1 on March 19, 2013, at 1:00 p.m., at the nursing station, confirmed the POST had not been completed. Resident # 6 was admitted on March 12, 2013, with diagnoses including Diabetes, Depression, and Sacral Pressure Ulcer. Review of the Physician's Orders dated March 12, 2013, revealed, "Full Code (Resuscitate)." Review of the medical record revealed the POST had not been completed. Interview with the Director of Nursing at the nursing station on March 19, 2013, at 11:30 a.m., verified the POST had not been executed for resident #5. Interview continued and revealed the facility did not have a policy and procedure in place to ensure residents who transferred from a hospital without a POST had one executed.	F 155		
F 314 SS=D	483.25(c) TREATMENT/SVCS TO PREVENT/HEAL PRESSURE SORES Based on the comprehensive assessment of a resident, the facility must ensure that a resident who enters the facility without pressure sores does not develop pressure sores unless the individual's clinical condition demonstrates that they were unavoidable; and a resident having	F 314		

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F 314	Continued From page 2 pressure sores receives necessary treatment and services to promote healing, prevent infection and prevent new sores from developing. This REQUIREMENT is not met as evidenced by: Based on medical record review, observation, and interview the facility failed to assess, care plan, and provide interventions to prevent one resident (#1) from developing a Stage II pressure ulcer on the left heel, of eleven residents reviewed. The findings included: Resident #1 was admitted to the facility on March 11, 2013, with diagnoses including Chronic Foley Obstructive Uropathy, Acute Renal Failure, Coumadin Toxicity, Gross Hematuria, and Diabetes Mellitus. Medical record review of the admission nursing documentation dated March 11, 2013, revealed, "Left Heel Problem-Needs Further Assessment." Continued review of the admission nursing documentation under Standard (generic) Intervention revealed, "HOB (head of bed) up no more than 30 (degrees) if possible, Mobilize patient as appropriate, Protected Heels/elbows (elevate with pillow), Lift sheet used if immobile, Moisturized. Needs Further Assessment." Review of the resident's Plan of Care dated March 12, 2013, revealed no documentation reflecting the identified problem with the resident's heels.	F 314	**F314- Pressure Ulcer** Immediate action taken to decrease risk for pressure ulcer for resident #1 by elevating heels in bed, upright mobility, and continual reassessment at each shift- all residents assessed to ensure compliance with skin care interventions The DON and wound care nurse will re-educate licensed and unlicensed staff on skin assessment skills, appropriate interventions, and documentation on careplan and patient record by 4/19/2013- include skin condition/high risk areas on standardized hand-off tool utilized during shift report- Results of audit will be reported at QAPI meeting by DON	5/2/2013 5/2/2013

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F 314	Continued From page 3 Observation on March 19, 2013, at 11:45 a.m., with registered nurse (RN #3) revealed the resident seated in a chair with the feet extended over the foot rest with no pillow or heel protectors on the feet. Continued observation, assisted by RN #3, revealed a Stage II pressure ulcer on the left heel. Interview with RN #3 on March 19, 2013, at 3:30 p.m., at the nursing station, revealed the pressure ulcer was measured as 1.0 cm. x 0.5 cm., no depth measurable, no drainage noted. Interview revealed the Wound Care Nurse and the Registered Dietitian had been notified of the findings. Observation on March 19, 2013, at 3:10 p.m., with RN #3 revealed the resident lying in the bed on their back. Continued observation revealed the resident's feet were resting directly on the mattress with no heel protectors on the feet or pillow used to elevate the heel. Observation on March 20, 2013, at 9:50 a.m., with the Director of Nursing, in the Physical Therapy Department, revealed the resident riding a stationary bicycle, with no heel protector on the feet. Continued observation revealed the pressure ulcer on the left heel showed signs of improvement. Continued observation of the resident's right heel revealed a large amount of dried flaking skin, with a large dried, loose skin tag attached to underlying dermis. Interview with two Patient Safety Officers/Registered Nurses on March 20, 2013, at 8:30 a.m., in the conference room, confirmed the	F 314	The DON will audit skin assessment accuracy, documentation in patient record and careplan, and interventions on 5 charts per week	5/2/2013

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F 314	Continued From page 4 Standard interventions had not been followed and confirmed the care plan had not included the resident's needs for wound care/prevention. Interview with the Director of Nursing on March 20, 2013, at 9:00 a.m., in the conference room, confirmed the Standard Interventions had not been followed and the resident's care plan had not included the resident's skin problem.	F 314		
F 315 SS=D	483.25(d) NO CATHETER, PREVENT UTI, RESTORE BLADDER Based on the resident's comprehensive assessment, the facility must ensure that a resident who enters the facility without an indwelling catheter is not catheterized unless the resident's clinical condition demonstrates that catheterization was necessary; and a resident who is incontinent of bladder receives appropriate treatment and services to prevent urinary tract infections and to restore as much normal bladder function as possible. This REQUIREMENT is not met as evidenced by: Based on medical record review, observation, and interview the facility failed to follow a physician's order and restore normal bladder function for one patient (#6) of eleven patients reviewed. The findings included:	F 315	**F315- Restore Bladder Function** DON completed immediate counseling with licensed staff regarding adherence to MD order to restore as much bladder function as possible- DON reviewed each resident's chart to check foley status DON will monitor foley status and foley dc date on 100% of patients through use of device report – DON to ensure foley status is included on CONT->	5/2/2013

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F 316	Continued From page 5 Medical record review revealed resident #6 was admitted on March 1, 2013, with diagnosis including Necrotizing Fasciitis following bowel surgery for an Abdominal Wall Perforation. Review of the physician's orders at admission included a "foley catheter" due to Urinary Retention. Review of the physician's orders on March 6, 2013, included an order to remove the "foley catheter" on March 7, 2013. Medical record review revealed the following two updates recorded in the "Comments" section of the resident's care plan under Urinary Foley Catheter Use, "3/6/13 - Bladder training with foley to be d/c'd (discontinued) in a.m...3/9/13 - foley d/c'd, pt (patient) having periods of incontinence" Observation and interview with the resident on March 19, 2013, at 8:00 a.m., revealed the resident no longer had a catheter, was up and about in a wheelchair independently, and spoke of plans to go home the next day. Interview with registered nurse (RN #3) on March 19, 2013, at 10:00 a.m., at the nursing station, revealed the RN could not explain why the foley catheter was not removed March 7, 2013. Interview on March 20, 2013, in the nursing station at 9:00 a.m., with the MDS Coordinator verified a two day delay in following the physician's order to remove the foley catheter and restore normal bladder function.	F 316	standardized report sheet and discussed in shift report- shift report includes licensed staff from outgoing and incoming shift The DON will audit device report, hand off sheet, and foley status of 100% of patients with foley weekly- results of audit to be reported in QAPI by DON	5/2/2013
F 322	483.25(g)(2) NO TREATMENT/SERVICES -	F 322		

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F 322 SS=D	Continued From page 6 RESTORE EATING SKILLS Based on the comprehensive assessment of a resident, the facility must ensure that a resident who is fed by a naso-gastric or gastrostomy tube receives the appropriate treatment and services to prevent aspiration pneumonia, diarrhea, vomiting, dehydration, metabolic abnormalities, and nasal-pharyngeal ulcers and to restore, if possible, normal eating skills. This REQUIREMENT is not met as evidenced by: Based on observation, facility policy review, and interview, the facility failed to provide services to check proper placement and gastric contents prior to administering medications through a Percutaneous Endoscopic Gastrostomy (PEG) tube for one resident (#4) of eleven residents reviewed. The findings included: Resident #4 was admitted to the facility on February 19, 2013, with diagnoses including Multiple Fractures, Depression, and Hypertension. Observation on March 19, 2013, at 8:20 a.m., revealed licensed practical nurse (LPN #1) entered the room of resident #4 and prepared to and then administered medications through the resident's PEG tube without first checking for PEG tube placement or gastric residual. Review of the facility policy Medication Administration: Nasogastric Tube or Enteral Tube	F 322	**F322- PEG Tube Med Administration** DON completed Immediate education of licensed staff observed to be noncompliant with procedure for administering meds through PEG tube Educate licensed staff on proper procedure for administering meds through PEG tube with competency-based quiz to ensure competency of 100% DON to observe each of the licensed staff administer medication through PEG tube to monitor compliance- Results to be reported in QAPI meeting DON to include education of proper procedure in Annual Skills Fair	5/2/2013 5/2/2013

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F 322	Continued From page 7 revealed, "12...Check placement of feeding tube...13. Check for gastric residual...20. Administer liquid or dissolved medication..." Interview with LPN #1 on March 19, 2013, at 8:35 a.m., outside the resident's room confirmed the failure to check for PEG tube placement and gastric residual prior to administering medications.	F 322		
F 371 SS=F	483.35(i) FOOD PROCURE, STORE/PREPARE/SERVE - SANITARY The facility must - (1) Procure food from sources approved or considered satisfactory by Federal, State or local authorities; and (2) Store, prepare, distribute and serve food under sanitary conditions This REQUIREMENT is not met as evidenced by: Based on observation, review of facility documentation, and interview the facility failed to maintain the dietary department in a clean and sanitary manner. The findings included: Observation of the dietary department on March 18, 2013, at 10:25 a.m., with the Food Services Supervisor, revealed the following: five cooking pots of various sizes stacked wet; thirty-nine	F 371		

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F 371	Continued From page 8 coffee cups turned down on a tray, in the serving area, with moisture inside; grease build up on the left outside panel of the flat grill, in close proximity to a deep fryer; and grease build up across top edges of the Flat Grill. Continued observation revealed the "Dipping Spoon Drawer" was observed to have food build up around the edges of the drawer. The plate warmer (Lowerator) was found with food debris around the inside edges and outside top portion of the plate warmer. The meat slicer was found with a food/grease build up on the base of the slicer. Interview with Food Service Chef on March 19, 2013, at 10:45 a.m., in the dietary department, confirmed the flat grill was not cleaned on the previous Thursday as required on the cleaning schedule. Review of the facility Policy and Procedures revealed, "Air dry all food contact surfaces, including pots, dishes, flatware, and utensils before storage...Do not stack or store when wet...Battery of cooking equipment-area behind and under is free of food, grease and dust...Mixers, choppers, slicers, potato peelers are disassembled when cleaned...Drawers and shelves clean and organized...." Interview with the Food Services Supervisor on March 19, 2013, at 11:00 a.m., in the dietary department, confirmed the above findings. Observation of the dishwasher on March 18, 2013, at 2:10 p.m., revealed the rinse water reached 178 degrees Fahrenheit (F). Continued	F 371	**F371- Kitchen Sanitation** Director of Dietary Services to complete re-education of dietary team regarding proper procedures to prevent wet-nesting All cups will be placed in appropriate dish racks for cleaning/sanitizing through dish machine and will remain in racks until dry Weekly compliance inspections to be completed by kitchen supervisor and dietician- results reported in QAPI meeting All areas noted as unsanitary were immediately cleaned by kitchen staff- kitchen supervisor confirmed presence of these areas on cleaning schedule	5/2/2013 5/2/2013

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F 371	Continued From page 9 observation revealed the manufacturer's recommendations (posted on the front of the dishwasher) required the rinse water to reach a temperature of 180 degrees F in order to sanitize the dishes. Interview with the Food Services Supervisor, during the observation, revealed the Food Services Supervisor understood the dishwasher provided a liquid sanitizer which was dispensed automatically through the rinse cycle to sanitize the dishes if the temperature failed to reach 180 degrees F. Continued observation revealed the Food Services Supervisor checked the "sanitizer" and failed to get a test strip to show sanitization. Continued observation revealed the sanitizer bottle contained a solid substance and was not dispensing a sanitizing liquid into the dishwasher. Review of the dietary log (containing the temperature of the dishwasher rinse water each time the dishwasher was in use) revealed the recorded temperature frequently did not meet the required 180 degrees F. to sanitize dishes in the previous six week period. Interview with the Food Service Supervisor on March 18, 2013, at 3:30 p.m., in the Dietary Department, revealed a booster pump was added to the dishwasher to increase the water temperature. Interview revealed the booster pump was "down" and had a part back-ordered. During interview, the Food Service Supervisor stated the dietary staff sanitized the dishes in a section of the three compartment sink. Interview with the Food Service Supervisor on March 19, 2013, at 9:00 a.m., in the dietary	F 371	Weekly inspections conducted by kitchen supervisor and dietician for compliance with cleaning schedule A second booster heater is to be added to dishwasher- work order in progress Director of Dietary Services to complete training of food service staff on when to use a sanitizing solution and how to use the sanitizing solution completed, as well as continued monitoring of dishwasher temps on each cycle- results to be reported in QAPI meeting Kitchen supervisor and dietician to complete weekly inspections including review of recorded temperatures and sanitization log- results to be reported in QAPI meeting	5/2/2013 5/2/2013

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F 371	Continued From page 10 department, confirmed the dishwasher had been having a problem since February 12, 2013, and the dishwasher would reach a temperature of 180 degrees "sometimes." Continued interview with the Food Service Supervisor revealed the problem with the dishwasher had been reported to the Systems Operator Director and the Maintenance Director since February 12, 2013. Observation of the three compartment sink filled with water on March 19, 2013, at 9:35 a.m., revealed the sanitizer failed to provide sanitizing solution (Quat 146) to the rinse water. Observation continued while repeated attempts were made to have sanitizer solution delivered to the water without success. Interview with the Food Service Supervisor on March 19, 2013, at 9:55 a.m., near the nursing station, after working with the sanitizer, confirmed the tubing had been blocked and prevented the sanitizing solution from reaching the dispenser. Interview with the Food Services Supervisor on March 19, 2013, at 9:55 a.m., confirmed the dishwasher was not in compliance with the manufacturer's recommendations and the sanitization of the dishes using the liquid Quat 146 solution was not maintained to appropriately sanitize the dishes.	F 371	Manufacturer resolved tubing issues Director of Dietary Services conducted staff training on how to utilize the three compartment sink, including demonstration on filling the sinks and testing with sanitizing strip- pH recorded with each use	5/2/2013
F 372 SS=E	483.35(i)(3) DISPOSE GARBAGE & REFUSE PROPERLY The facility must dispose of garbage and refuse properly.	F 372		

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F 372	Continued From page 11 This REQUIREMENT is not met as evidenced by: Based on observation and interview the facility failed to maintain the dumpsters in a clean and sanitary manner. The findings included: Observation on March 18, 2013, at 10:10 a.m., with the Food Services Supervisor, revealed the enclosed area around one of three dumpsters had four large uncovered barrels, one large plastic lid with standing water, one small trash can, and one barrel dolly. Observation revealed one half of the top of the dumpster was not covered. Interview with the Maintenance Director, at the time of the observation, revealed the various items had remained in the area for twenty-two years, confirmed open containers and miscellaneous items should not be left around the dumpsters, and verified the dumpster was not completely covered.	F 372	**F372- Disposal of Garbage and Refuse** Clutter identified around dumpsters immediately removed and lid closed on dumpster in question Cleanliness and sanitation status of dumpsters will be monitored 3 times per week during walking rounds for 6 weeks by environmental services team	5/2/2013